

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 438 or 440.

For Official Use Only

AUG 22 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|--|---|
| 1 File Number U <u>2761</u> | 2 Fiscal Year Covered From: <u>01/01/2004</u> Through <u>12/31/2004</u> |
| 3 Name and address of person filing Name <u>Michael J. Gannon</u> P.O. Box Bldg Room No. If any _____ Street <u>14405 Laurel Place, Suite 300</u> City <u>Laurel</u> (6102) State <u>Maryland</u> ZIP Code + 4 <u>20707</u> | 4 Name file number and address of labor organization Name <u>Operative Plasterers & Cement Mason International Association</u> Labor Organization File Number <u>000-132</u> P.O. Box Building and Room Number If any _____ Street <u>14405 Laurel Place # 300</u> City <u>Laurel</u> State <u>Maryland</u> ZIP Code + 4 <u>20707</u> |
| 5 Position in labor organization _____ | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

| | |
|--|---|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6 Name and address of Employer (including trade name, if any) Name _____ Trade Name If any: _____ P.O. Box, Bldg Room No. If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 7.a. Nature of Interest, Transaction, or Income <div style="text-align: center; font-size: 2em; opacity: 0.5;">COPY</div> 7.b. Amount _____ |

Signature

15. Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)

Signed

M. Gannon

On

7/7/05
Date

(301) 470-4200
Telephone Number

| | |
|-----------------------|----------------|
| Name of Person Filing | File Number U- |
|-----------------------|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

| | |
|---|---|
| <p>8 Name and address of Business (including trade name if any)</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box, Bldg., Room No. if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>9 Business deals with</p> <p style="margin-left: 40px;">a Labor Organization _____</p> <p style="margin-left: 40px;">b Trust _____</p> <p style="margin-left: 40px;">c Employer _____</p> |
| <p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box, Bldg. Room No. if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>11 a Nature of such dealing</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>11 b Approximate dollar value of such dealing</p> <p>12 a Nature of interest held or income received</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>12 b Amount</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

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|---|---|
| <p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <u>Kelly Press</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg. Room No. if any _____</p> <p>Street <u>1701 Cabin Branch Drive</u></p> <p>City <u>Cheverly</u> <u>(3820)</u></p> <p>State <u>Maryland</u> ZIP Code + 4 <u>20785</u></p> | <p>14 a Nature of payment.</p> <p><u>1 ham @ 66 95 (12/04)</u></p> <p><u>4 hockey tickets @ 116 00 (2/23/04)</u></p> <p><u>4 hockey tickets @ 44 00 (3/8/04)</u></p> <p style="font-size: 2em; transform: rotate(-10deg); opacity: 0.5; text-align: center;">COPY</p> |
| <p>13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14 b Amount of payment.</p> <p style="text-align: right; font-size: 1.5em;"><u>\$ 706 95</u></p> |